

UNIVERSITY OF NEVADA, LAS VEGAS

4505 Maryland Pkwy, Campus Box 452016, Las Vegas NV 89154-2016 Fax

x (702) 895-1353 · Phone (702) 895-3424 · <u>www.unlv.edu/finaid</u> · Twitter: @UNLV_FinAidSch	
2014- 2015 Verification Worksheet Version 4	

OFFICE USE ONLY

Your 2014-2015 Free Application fo one parent (if dependent) must com any other additional information re information.	plete and sign this worksheet	, attach any required docu	ments, and submit th	e form along with
A. Student's Information				
Last Name:	First Name:		MI:	
NSHE ID:				
B. Dependency Status				
☐ Dependent- A student is conwas required to provide parental of	· · · · · · · · · · · · · · · · · · ·	☐ Independent- A so he/she was not required		-
C. Supplemental Nutrition A	ssistance Program (SNAI	P) Benefits		
Please select YES or NO. If not app	licable, mark 'NO'. DO NOT le	ave anything blank.		
Did any members of your stated h Supplemental Nutrition Assistance			es 🗆 No	
Please sign the statement in the area provided below by you, or your parents if you are dependent, affirming benefits were received by someone in the household during 2012 and/or 2013. I,, affirm that benefits were received by someone in the household during 2012 and/or 2013. (student/parent)				
D. Child Support Paid				
If someone in your household paid child support due to a COURT MANDATED requirement in 2013, please complete the following information. DO NOT LEAVE THIS BLANK, if not applicable, enter "N/A"				
Child Support you PAID due to Child's Name	·	uirement (attach a sepa Name of person	rate page if needed Student/Spouse	
Child's Name	Name of person paying support	receiving child support	(if married) Annual Amount	Parent(s) (if dependent) Annual Amount

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2014- 2015 Verification Worksheet Version 4 (continued)

E. High School Completion	Status - Please check the box (ONLY ONE) that indicates your high school completion status
☐ High School Diploma		☐ GED Completion
Please include:		Please include:
• Copy of the student's high	school diploma; OR	 Copy of the student's GED Certificate; OR
 Copy of the student's final includes the date the high s 	nigh school transcript which chool completion	Copy of the student's GED Transcript
☐ State Certificate		☐ Two-Year Program Completion
	tudent received after passing a on which the state recognizes as ool diploma	 Copy of the student's academic transcript showing the student has completed at least a two-year program acceptable for full credit towards a bachelor's degree
☐ Did Not Complete High	School but Excelled	☐ Home Schooled Students
•		 A transcript or the equivalent signed by the student's parent or guardian that lists the secondary school courses completed by the student and documents the successful completion of a secondary school education
F. Identity/Statement of E	ducational Purpose	
nondriver's license, milital I, purposes to pay the cost *If the statement is mailed in	ry identification or passport, certify that the federal finance attending UNLV for 2014-15, please submit an original no	cation, including but not limited to a driver's license, cial aid received will only be used for educational i.* otarized statement signed by the student certifying the ational purposes to pay the cost of attending UNLV for Received By (Official Financial Aid Use Only)
G. Sign this Worksheet		
	I certify that all information Date	reported on this worksheet is complete and correct Parent Signature (if dependent) Date